

## **PROJECT ON NUTRITION AND POSITIVE PARENTING PRACTICES**

### **INTRODUCTION**

From the UN World Development Report, UNICEF's State of the World's Children and the statistics from our Government Departments, we get the same dismal picture of the vast numbers of vulnerable and malnourished children of our country.

Though the primary ways of tackling this situation would be to either have a radical political ideology that would give priority to the reduction of disparities among the rich and the poor, or to ensure that the Public Distribution System (or the rationing system, as it is commonly known) works more honestly and efficiently and that the surplus grains stored for years in the FCI godowns are made available to the starving unemployed, as food for work. Both need enormous political will that would transcend the governing bureaucracy.

So when the UNICEF proposed a campaign for conveying nutritional messages to deprived groups in Tamil Nadu, the Network for Information on Parenting (NIP) responded immediately and accepted the project, with two riders: a) that psychosocial messages would be linked with the nutritional ones and b) that the project holders would not restrict themselves to campaign alone, but would also plan intervention, where possible, and a follow up, a year later.

### **PROJECT COMMENCEMENT**

The Network for Information on Parenting constituted in Tamil Nadu in 1999 as a voluntarily-federated, democratic body with a membership of approximately thirty organizations and individuals, working for the cause of infants and children, undertook to do this study-cum-intervention project on Nutrition and Child Care practices among a cross-section of samples in seven districts of Tamil Nadu.

The study was titled "Communication of Best Practices for Behaviour Change in Nutrition and Documentation of Child Care practices in conditions and contexts of deprivation", and was conducted for one year (2001-2002) in several sites of Tamil Nadu, under the stewardship of the following four institutions:

- i) Tamil Nadu Voluntary Health Association (TNVHA)
- ii) The Rural Unit for Health and Social Affairs (RUHSA)
- iii) Sahishnatha Vijaya Institute of Child Health (SVICH)
- iv) Madhuram Narayanan Centre for Exceptional Children (MNC)

A detailed report on each of the projects is presented below.

The Tamil Nadu Voluntary Health Association undertook this pilot project through its 10 member organizations in 5 districts of Tamil Nadu (Nagapattinam, Erode, Tiruvannamalai, Virudhunagar and Sivagangai) between October 2001 and March 2002.

The general objective was 'To improve the nutritional status of children below 3 years, through training programmes and IEC activities of community groups'.

**The 6 step process included the following:**

1. Identification of field NGOs
  - Selecting districts, inviting, screening & short-listing applications from NGOs and making the selection decision of participating NGOs
2. Capacity-building of NGOs
  - Training the key stake holders in the project - Master Trainers, Heads and Staff of NGOs in the use of material like flip charts
3. Facilitating of the Campaign by these FNGOs
4. Building linkages with structures and services like women's health groups and other facilities provided by the Government
5. Documentation of the process
  - Preparation of family profile, reports, case studies etc
6. Dissemination of Information
  - Sharing findings in different forums (such as district consultations, local newspapers, magazines, local T.V., TNVHA Newsletters and other media).

**The three critical roles in the success of the project are:**

- The Project Co-ordinator - who was responsible for the identification, training and monitoring of the FNGOs.
- The FNGOs - who were responsible for identification of project area, enlistment of the participation of women with children below 3 years, providing training to staff & parents and collecting and documenting of Information related to Parenting and Nutrition.
- The Zonal Officers - who kept track of the field NGO`s programme schedule in relation to the NIP Project.

**The key learnings from the project include:**

The various recipients in the project - Women leaders, members of women's groups and parents of the children monitored said that they understood the importance of:

- colostrum for the newborn and exclusive breast-feeding up to 6 months & age-specific nutrition for their children
- mother and child-friendly atmosphere in the family
- monitoring milestones in the growth and development of the child
- immunization at the appropriate ages
- play & stimulation for children of all ages
- understanding the roles and responsibilities of father and other family members in the upbringing of children.

The women leaders and implementing organizations understood the importance of disseminating knowledge on good parenting and nutrition practices to families in the community.

## **RUHSA**

The Rural Unit for Health and Social Affairs (RUHSA) Department of the Christian Medical College, Vellore, implemented this project in K.V.Kuppam, a rural block comprising of 39 rural panchayats and a population of approximately 20,000. KV Kuppam block is located in the remote and inaccessible hilly area of Vellore.

**The objectives of this project were as follows:**

1. To identify the current nutritional status and practices relating to the nutrition of children under three years, in K.V.Kuppam Block.
2. To design a curriculum to educate mothers on the nutritional changes necessary for appropriate healthy growth of their children.
3. To utilize the health volunteer women in the SHGs as educators on the theme of parenting, in the community.
4. To promote growth monitoring of children in the community through animators/health volunteers.
5. To evaluate the changes in nutritional behaviour among mothers.
6. To disseminate experiences to wider range, covering the entire Vellore District.

**To achieve the above objectives, the following strategies were adopted.**

1. Using Health Volunteers of SHGs
2. Use of a curriculum designed for health education
3. Communication and education to create behavioural change.

## **Implementation**

### **i. Baseline survey**

The programme started with a baseline survey of the project area with a control group of 32 villages from 8 Panchayats at the foothills, where the 'Parenting' programme was being implemented. An average subsample had 10 mothers with children under 3 years from each panchayat for the Knowledge, Attitude, and Practice (KAP) survey.

The baseline survey consisted of a KAP survey on Antenatal Care (ANC), childhood immunization, dietary habits of mothers and parenting behaviour. Along with this, the nutritional status of their children was also assessed using anthropometric measurements; height, weight and mid-arm circumference.

This survey was carried out in May 2001, by four data collectors, who had either bachelor's or master's degrees and were trained to administer this schedule. They were supervised by the RUHSA staff.

### **ii. Methodology**

The methodology used during the survey for data collection included a range of activities - Lecture, Group discussion, Role-Play, Flash Cards, Demonstrations.

Street Plays were performed in the evenings and a one-week training programme was held for the participating actors from the villages, which generated great excitement. It invariably included lights, public address systems and arrangements for snacks and dinner!

The villagers enjoyed these street plays and since street play performers were also mothers and grandmothers, the messages on parenting were very effectively conveyed. The street play performers did an informal evaluation soon after the show. Based on the feedback, some modifications were made.

### **iii. The Post-study Evaluation**

As the project was only one year in duration and with a tight programme going on till the end of the project, instead of a formal data based survey, qualitative information was obtained through several processes. There were three levels at which this information was obtained.

- a. The programme implementers including Rural Community Officers and Training Officers of RUHSA.
- b. The Animators of the forty SHGs.
- c. Members of three SHGs through focus group discussion.

The information obtained focused on the effectiveness of the methods, the changes within the community, and the problems faced in implementing the programme. For the

first two levels, the review was held at the RUHSA Campus while the SHG members were interviewed at the community level.

#### **iv. The Programme implementers**

This was the first time the community had an opportunity to share their talents around a theme. The people used the freedom to express themselves in many ways. The people enjoyed the messages as parenting was not a sensitive issue, like HIV/AIDS. The way the community prepared nutritious items for the contests and their explanations were unique. Resourceful women were identified for future work.

#### **v. Difficulties faced**

The main problem was related to time management. In the villages, the community arrived late due to other pressing work at home. Similarly the staff had difficulties in balancing their time with other competing work. Some poor women who were absent for long periods of time due to work could not participate freely. The delayed introduction of flip chart and audio cassettes meant that they were not fully utilized.

#### **vi. Feedback By Animators**

A total of 34 SHG animators participated in the review. They were asked to give feedback on the effectiveness of the methods used in education, changes observed in the SHGs, changes among the men, the anticipated changes in the future, and changes in practice. They were also asked to list the problems they faced and their suggestions to improve the programme.

The SHG animators felt that the One Day Campaign was an effective medium where individuals were able to participate. There was good participation by both men and women. The nutrition programme was effective with preparation of varieties of food items using locally available materials, with the method of preparation and nutritional values explained to participants. Appropriate nutritional advice for children, adolescent girls and pregnant women was also given.

The whole area of mother and child care was emphasized, starting from care during pregnancy and the lactation period, the importance of giving colostrum to the newborn, and childhood immunizations and the support and security that should be provided by all family members.

The feedback on methods used for education was that the materials like flash cards and Flip charts were pictorial and the audience related to them easily. The message sheet gave more information and the street theatre was not only participative, but helped women take the centre stage.

**Special Programmes undertaken during this programme are described below:**

*i. Well-baby competition*

Mothers brought their children for the contest. Based on weight and timely immunization, children were selected and prizes given. Mothers had an opportunity to know their children's weight. They were able to overcome their traditional belief regarding the `evil eye` or `drishti`. The importance of childhood immunization was re-emphasized.

*ii. Food Competition*

Again the focus was on low cost, locally available foods, methods of preparation and their nutritional qualities. Skills in preparation and new methods were presented. Mothers indicated the suitability and easy digestibility of the foods. Emphasis was given on iron-rich food and the importance of home-made foods.

*iii. Speech Contest*

Because of the speech contest, even the indifferent people learnt new facts. People were able to express their feelings. The role of men was emphasized as well as the importance of playing with children. Real life situations were enacted by both men and women. They realized that everyone can participate in child development.

*iv. Lullabies*

Women came forward with lullaby songs, which were full of valuable messages.

**SVICH**

A voluntary organization committed to the health of young children, SVICH selected Dharmapuri district for intervention under the Parenting programme because of its socio-economic profile as a backward district. Dharmapuri district has a high infant mortality rate, particularly of female infants. The contributing factors have been identified as low birth weight, birth asphyxia, neonatal infection, diarrhoea and respiratory problems. This area has the notoriety of having a large number of cases of female infanticide.

**Target group for the programme and Rationale: Doctors, nurses, VHNs & ANMs working in Dharmapuri district.**

During their professional training, which is hospital-based, the health personnel are exposed to the treatment of many diseases and poor health conditions among persons of all age groups. Currently the problems faced by this group are as follows:

- A. The medical knowledge imparted to them during their professional education would have become obsolete and would need to be updated.
- B. The professional skills taught to them in the course of their training also need constant up-gradation.

- C. The basic duty of medical professionals, that of prescribing a particular course of treatment for a disease, also needs to be refreshed with what is current.
- D. Many professionals have not had opportunities to benefit from refresher courses.

If an attitudinal change can be brought about in these professionals, through workshops on training in knowledge of positive child care practices and appropriate skills required to use the information, it can be hoped that there will be a sea change in health at the grass roots. Parenting messages can be reached to almost every household in every village in the district.

The target group was reached in collaboration with the Directorate of Reproductive and Child Health to get the required information. The Reproductive and Child Health (RCH) Department has a specific scheme that is concerned with the health status of women and child and takes care of the concerns of the mother-to-be during her pregnancy and delivery and the matters related to the new born. It is authorized to depute doctors, nurses, VHNs & ANMs to attend training programmes and workshops.

It was planned that every workshop was attended by a fresh set of participants, so that a wide outreach of the dissemination could be ensured. It was also planned that the personnel from the different hierarchical levels of the health programme share the same platform.

**The training schedule involved four levels.**

1. The first level was the preparatory phase with:
  - a. Master Training being imparted to the facilitators to include knowledge and communication skills.
  - b. Culturally appropriate, field-appropriate and interactive material for dissemination at the workshops to be held subsequently were prepared.
2. In the second stage, doctors were trained through a nodal workshop so that they would form a core team of effective trainers in the district.
3. The third level of training was for all staff nurses in Dharmapuri district as nurses generally play an important and dominant role in parenting and influencing parents in the nurturing of the newborn.
4. The fourth was the training of the VHNs and the ANMs. It was felt that unless they are made aware of the latest advancements achieved in the medical field in relation to patient care and are provided with the necessary information on its practices, this group of service providers may not show any attitudinal change in the way they relate to persons in their care.

Four major topics related to parenting were chosen for the preparation of the workshop material from the NIP resources. They were:

- Parental readiness, with emphasis on the health of the girl
- Planning for parenthood
- Welcoming the baby
- Nurturing the child, particularly the girl child.

### **Major Findings: Doctors' Workshop**

1. The doctors found the theme and the methods new and interesting because the importance accorded to the psycho-social treatment of medical and physiological issues was a new area.
2. The doctors found that involving the fathers as active partners in parenting would be worth implementing.
3. A few doctors were enthused to volunteer to be resource persons on this subject and one doctor initiated her own school health programme for the adolescent age group.
4. The doctors agreed to add the topic to the school health programmes.
5. This aspect of counseling (sensitization and personalized communication with children and parents/care givers) was unfamiliar terrain to Government doctors.
6. They were convinced that looking at the mother and child only in terms of the disease model was indeed a lacuna of the medical approach.

### **Major Findings: Nurses' Workshop**

1. For the nurses this was the first refresher workshop during their service span of over 11 years.
2. Since the participants included nurses from the HQ hospitals and sector health nurses from the field, a wide number of issues were discussed: practical and field problems regarding the girl child, teenage issues, young mothers' difficulties, transport to the clinic in rural areas were raised. Some ideas on solving them also emerged. They had practical suggestions on reducing maternal morbidity and mortality.
3. Involving SHGs in the villages for NIP messages was emphasized.
4. They welcomed the new knowledge of learning neo-natal resuscitation and emergency new-born care.
5. The theme of "Humanizing the Labour room" when the woman is in pain, received close attention when it was discussed.

In both these segments, the tools (FLASH CARD / Flip chart) were found very effective. Both sections expressed a need for regular updates and undertook to develop a Doctors' and Nurses' Manual respectively.

### **Feedback of VHNs and ANMs**

Eight workshops for ANMs and VHNs were conducted locally, with the help of the resource persons identified from the previous workshops. The participants found the workshop to be very useful in upgrading their knowledge on the themes of breastfeeding, "kangaroo care" for the newborn and methods to improve lactation. They found the "Learning through play" Flip Chart very useful and effective. They thought that this tool could be used in Waiting Rooms of the OPD.

A Manual for ANMs and VHNs has been evolved.

## **MNC**

### **Target Group**

The target group of this study comprised a universe of 240 children of whom 200 were under three years, and 40 between 3 and six years of age.

120 children were chosen from Urban Chennai and 120 from Rural Ramnad from the following categories.

- a. Destitute (abandoned) and orphaned children in Institutions with some family support
- b. Children in urban slums and rural backward areas
- c. Children with disability within the family
- d. Children with disability in institutions.

The focus was on the holistic development of children and the interventions were made through the training given to and the active participation of parents /elders/caregivers in the families,

### **General Objective of the Study**

To identify the lacunae in nutrition and child care practices, among children under three years in socially and economically deprived communities, urban and rural in institutional settings in Chennai and Ramnad and in all cases, with a focus on children with disability.

### **Specific Objectives:**

1. To collect information on current and traditional nutrition and childcare practices and the support systems available in family and institution.
2. Study the situation and identify lacunae.
3. Document the observations, reinforcing the positive.
4. Disseminate information among parents, caregivers, childcare workers, the adolescent population, and administrators in institutions.

5. Prepare a guide book on Nutrition and Child Care.
6. Prepare a manual for practices on care and management of the child with disability.

The following urban sites were selected:

1. Hutments in the vicinity of Bala Mandir
2. Madhuram Narayanan Centre for Exceptional Children, T'Nagar
3. Missionaries of Charity, Shishu Bhavan, Royapuram
4. Bala Mandir Infant and Young Children Block

The following rural sites were selected:

1. Thiruppullani Village in Ramnad District
2. Institutions: Children in the Creche
  - a. Brother Angelo's Orphanage for Physically Handicapped: Children -17
  - b. Government Institution for Deaf and Dumb Children : Children with hearing impairment - 13 (Orphans under residential care and day boarders)
  - c. Government orphanage for girls (up to 18 years) and boys (up to 10 years only) - Children without disabilities. (Orphans under residential care)
  - d. Creche Care: Children with parents

In all these samples, a vast number of observations were made on child care, food habits and cooking practices of the families, as well as on their patterns of daily living including access to water and sanitation. Informal interviews also yielded valuable information on several aspects of daily living. In sum, the field notes add up to a series of veritable ethnographies.

They cover the following aspects:

1. General information on the number and type of meals in a day
2. Specific findings on nutrition practices
3. Understanding the need for such food practices, family patterns and other influences
4. Identifying the food fads and misconceptions.

Messages were then given by MNC on nutritious and affordable food practices disseminated through activity-oriented interventions

## COMMENTS AND CONCLUSIONS

The Editorial team

*The time has come, the walrus said, to talk of many things,  
Of ships and shoes and sealing wax, and cabbages and kings.*

Lewis Carroll

At the end of the project, the substantive themes are only a little less assorted than those confronting the walrus in the Lewis Carroll verse.

We have four different studies, with wide variations in samples, methods and outcomes. Nevertheless, one has to strive for coherence. One must try to sift and sort and organize the data for a collective picture.

Each team leader chose to interact with and educate people of a particular category. One of the projects ranged over a wide spectrum of samples, another over several rural locations. Any attempt to sum up the results across the four studies is likely to be an over-simplification or an over-generalization! But we must enter the terrain where angels fear to tread!

What the four projects had in common was the philosophy of the Network, the approach to being culturally sensitive and socially relevant and the tools developed by the members (the FLIP CHART and the Flash Cards). Also shared by all the project holders was a certain degree of resourcefulness in the field. This helped them to put people in the centre, rather than be constricted by an inflexible research framework. The flexibility in the design is intentional; the variety of sites and samples, planned! But first, let us take a brief overview of each of the studies.

Under the leadership of the experienced and lively pediatrician, **Dr. S Jayam, SVICH** was able to convince the young doctors and nurses in Dharmapuri that a developmental approach to children was better than a disease-orientation to them. She found that doctors had not quite realized the importance of the psychosocial aspects of the child's development and they welcomed the new input in this regard, at the workshops. In the course of her Nutrition and Parenting workshops, in which she was assisted by an enthusiastic and competent team, important issues like disability and the treatment of female infants were also covered. The knowledge as well as the practical skill of doctors, nurses and field workers, in the medical handling of crises at childbirth, were also strengthened. The focus was on exclusive breast milk for the first six months of life, as the best food for the infant. The diets suitable for young children and pregnant mothers also constituted a significant part of the curriculum of the workshops. What could be described as the most heartening achievement was that all the three levels of the health service hierarchy were oriented to child development with the same material on parenting. Most of them were convinced after the presentation of the SVICH team, to take a holistic approach to their own professional responsibilities. Handbooks and training manuals for different levels of the health services are part of the rich harvest.

**Mrs. Jaya Krishnaswami** of the **Madhuram Narayanan Centre** has decades of experience in the education and management of children with disability. She espouses their inclusion, not only in education, but in all the processes of everyday life. As a project holder, she set about making a study of the practices in nutrition and child rearing in several different settings, beginning with Bala Mandir next door, and ending with Bro Angelo's Orphanage for the physically handicapped boys in a distant hamlet in Ramnad. The course of the study took her into institutions for special children and into the homes in urban slums and rural communities alike, where she observed everything keenly and documented the details meticulously. Whenever necessary, suitable information was given to the caregivers at a level that was comprehensible and user-friendly. Cookery demonstrations were held and medical checks and treatment as well as counseling constituted the interventions. As a result of the field interactions, a guide book has been developed for handling children with disability, with a specific focus on nutrition, preparation of food and methods of feeding.

**Dr. Abel Rajaratnam**, with enviable experience in both medical practice and field research and firmly rooted in rural Tamil Nadu, utilized the outreach of the **Christian Medical College, Vellore**, to access some unreached communities. His enthusiastic and well trained team planned and executed a strategy for the dissemination of nutrition information. As in any good project, there was a baseline study, which provided the data for what must be conveyed to the community. Apart from the tools like Flash Cards and Flip Chart, which were part of the tool kit of all the project holders, he used street theatre, group songs and focus group discussions. Street plays were popular, as can be expected, with the women of the villages taking the initiative. Competitions were held in cookery after several diets had been demonstrated. All the activities seemed to have attracted zestful participation.

**Dr. Saulina Arnold** of the **Tamil Nadu Voluntary Health Association** offers an energetic and informed leadership to a vast network of voluntary organizations in the field (FNGOs), working for health in the rural communities of the State. They are probably better defined as CBOs (community based organizations) than NGOs. They were able to interact with the village based Self Help Groups, attaching information on parenting and nutrition to their usual dissemination activities. A vast variety of tools served the NGOs in their communications on health issues. At every point, psycho-social aspects of children and families were included. The women who participated are reported to be already looking forward to the next round of activities.

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